

AREA MANAGEMENT EVALUATION**OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

AREA	DIVISION	NUMBER
Morongo Basin	Inland Division	
EVALUATED BY		DATE
T. Coronado		11/24/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION

☒ Formal Evaluation ☐ Informal Evaluation

SUSPENSE DATE

12/29/08

FOLLOW-UP REQUIRED

☒ Yes ☐ No

☐ Correction Report

BY _____

COMMANDER'S REVIEW

DATE

1. COMMAND INVOLVEMENT

EVALUATED

11/19/2008

ACTION REQUIRED

No

CORRECTED

a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?

☒ Yes ☐ No

(1) Does the commander stress importance of proper enforcement tactics, including use of force?

☒ Yes ☐ No

(2) Does the safety record of the command reflect an awareness of proper tactics?

☒ Yes ☐ No

(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety?

☒ Yes ☐ No

b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment?

☒ Yes ☐ No

(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?

☒ Yes ☐ No

(2) Do the captain and lieutenants maintain a minimum level of enforcement skills?

☒ Yes ☐ No

(a) Do they attend officer safety training sessions?

☒ Yes ☐ No

(b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION

EVALUATED

11/19/2008

ACTION REQUIRED

No

CORRECTED

a. Do training records indicate formal training has been received and certified?

☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques.

☒ Yes ☐ No

(b) Handcuffing.

☒ Yes ☐ No

(c) Use of safety equipment.

☒ Yes ☐ No

(d) Suspect control.

☒ Yes ☐ No

(e) High risk and felony stops.

☒ Yes ☐ No

(f) Hostage control.

☒ Yes ☐ No

(g) Prisoner transportation.

☒ Yes ☐ No

(h) Radio control head operation.

☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a thorough review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. SAFETY EQUIPMENT	EVALUATED 11/19/2008	ACTION REQUIRED No
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED 11/19/2008	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED 11/19/2008	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED 11/19/2008	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED 11/19/2008	ACTION REQUIRED Yes
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED 11/19/2008	ACTION REQUIRED Yes
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED 11/19/2008	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED 11/19/2008	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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AREA	DIVISION	NUMBER
Arrowhead	Inland Division	865
EVALUATED BY	DATE	
T. Deyo	10/15/2008	

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TYPE OF EVALUATION		SUSPENSE DATE	
<input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation			
FOLLOW-UP REQUIRED		COMMANDER'S REVIEW	DATE
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
BY _____			

1. COMMAND INVOLVEMENT

EVALUATED	ACTION REQUIRED	CORRECTED
10/15/2008	No	

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?

☒ Yes ☐ No

- (1) Does the commander stress importance of proper enforcement tactics, including use of force?

☒ Yes ☐ No

- (2) Does the safety record of the command reflect an awareness of proper tactics?

☒ Yes ☐ No

- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety?

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- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment?

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- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?

☒ Yes ☐ No

- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills?

☒ Yes ☐ No

- (a) Do they attend officer safety training sessions?

☒ Yes ☐ No

- (b) If they are not involved in officer safety, what are the reasons?

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EVALUATED	ACTION REQUIRED	CORRECTED
10/15/2008	Yes	

- a. Do training records indicate formal training has been received and certified?

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☒ Yes ☐ No

- (b) Handcuffing.

☒ Yes ☐ No

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☒ Yes ☐ No

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☒ Yes ☐ No

- (e) High risk and felony stops.

☒ Yes ☐ No

- (f) Hostage control.

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- (g) Prisoner transportation.

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- (h) Radio control head operation.

☒ Yes ☐ No

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c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) What is the quality and quantity of the training being given?			
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3. SAFETY EQUIPMENT	EVALUATED 10/15/2008	ACTION REQUIRED Yes	CORRECTED
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**OFFICER SAFETY**

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4. FIREARMS	EVALUATED 10/15/2008	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OFFICER SAFETY**

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OFFICER SAFETY**

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED 10/15/2008	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OFFICER SAFETY**

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

6. ENFORCEMENT TACTICSEVALUATED
10/15/2008ACTION REQUIRED
No

CORRECTED

a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

7. PURSUITSEVALUATED
10/15/2008ACTION REQUIRED
No

CORRECTED

a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED 10/15/2008	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED 10/15/2008	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED 10/15/2008	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Bpd 11/7/08

AREA San Bernardino	DIVISION Inland Division	NUMBER
EVALUATED BY T. Coronado		DATE 11/03/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW DATE

1. COMMAND INVOLVEMENT

EVALUATED 11/3/2008	ACTION REQUIRED No	CORRECTED
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- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION

EVALUATED 11/3/2008	ACTION REQUIRED No	CORRECTED
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- a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☒ Yes ☐ No
- (b) Handcuffing. ☒ Yes ☐ No
- (c) Use of safety equipment. ☒ Yes ☐ No
- (d) Suspect control. ☒ Yes ☐ No
- (e) High risk and felony stops. ☒ Yes ☐ No
- (f) Hostage control. ☒ Yes ☐ No
- (g) Prisoner transportation. ☒ Yes ☐ No
- (h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. SAFETY EQUIPMENT	EVALUATED 11/3/2008	ACTION REQUIRED No
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED 11/3/2008	ACTION REQUIRED No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED 11/3/2008	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED 11/3/2008	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED 11/3/2008	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED 11/3/2008	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED 11/3/2008	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED 11/3/2008	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA Rancho Cucamonga	DIVISION Inland Division	NUMBER 855
EVALUATED BY T. Deyo		DATE 10/30/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW <i>Mailed out 10/12</i> <i>Suspense for 12/12</i>

1. COMMAND INVOLVEMENT

EV
16

a. Does the command emphasize importance of proper enforcement to incidence of injuries incurred by officers?

(1) Does the commander stress importance of proper enforcement to

(2) Does the safety record of the command reflect an awareness of p

(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals safety?

b. Are the commander and lieutenants knowledgeable of enforcement tac proper use of force, and the correct use of safety equipment?

(1) Is this knowledge applied properly in critiques of incidents involving

(2) Do the captain and lieutenants maintain a minimum level of enforce

(a) Do they attend officer safety training sessions?

(b) If they are not involved in officer safety, what are the reasons?

☐ No

☐ No

☐ No

No

No

No

☒ Yes ☐ No

☒ Yes ☐ No

2. TRAINING AND CERTIFICATION

EVALUATED 10/30/2008	ACTION REQUIRED Yes	CORRECTED
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a. Do training records indicate formal training has been received and certified?

☐ Yes ☒ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques.

☒ Yes ☐ No

(b) Handcuffing.

☒ Yes ☐ No

(c) Use of safety equipment.

☒ Yes ☐ No

(d) Suspect control.

☒ Yes ☐ No

(e) High risk and felony stops.

☒ Yes ☐ No

(f) Hostage control.

☒ Yes ☐ No

(g) Prisoner transportation.

☒ Yes ☐ No

(h) Radio control head operation.

☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. SAFETY EQUIPMENT

EVALUATED
10/30/2008

ACTION REQUIRED
Yes

CORRECTED

a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4. FIREARMS	EVALUATED 10/30/2008	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
OFFICER SAFETY
CHP 453S (Rev. 6-06) OPI 009

(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED 10/30/2008	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED 10/30/2008	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED 10/30/2008	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. FORCIBLE STOPS	EVALUATED 10/30/2008	ACTION REQUIRED No	CORRECTED
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. ROADBLOCKS	EVALUATED 10/30/2008	ACTION REQUIRED No	CORRECTED
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
10. RADIO FAMILIARIZATION	EVALUATED 10/30/2008	ACTION REQUIRED No	CORRECTED
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION

OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

AREA Victorville	DIVISION Inland Division	NUMBER 12/21/08 W.311
EVALUATED BY T. Coronado		DATE 11/04/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	
		COMMANDER'S REVIEW	DATE

1. COMMAND INVOLVEMENT

EVALUATED 11/4/2008	ACTION REQUIRED No	CORRECTED
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- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION

EVALUATED 11/4/2008	ACTION REQUIRED Yes	CORRECTED
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- a. Do training records indicate formal training has been received and certified? ☐ Yes ☒ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☐ Yes ☒ No
- (b) Handcuffing. ☐ Yes ☒ No
- (c) Use of safety equipment. ☐ Yes ☒ No
- (d) Suspect control. ☐ Yes ☒ No
- (e) High risk and felony stops. ☐ Yes ☒ No
- (f) Hostage control. ☐ Yes ☒ No
- (g) Prisoner transportation. ☐ Yes ☒ No
- (h) Radio control head operation. ☐ Yes ☒ No

AREA MANAGEMENT EVALUATION

OFFICER SAFETY

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(2) Is the command dedicating enough time toward training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(a) Do training records reflect certifications for officers and sergeants are current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a thorough review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(a) Is any pattern of training weakness apparent?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
d. Does the command have an adequate number of instructors?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) What is the quality and quantity of the training being given?			
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3. SAFETY EQUIPMENT	EVALUATED 11/4/2008	ACTION REQUIRED No	CORRECTED
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**OFFICER SAFETY**

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED 11/4/2008	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Are all shotguns accounted for?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?			
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
5. PHYSICAL METHODS OF ARREST	EVALUATED 11/4/2008	ACTION REQUIRED No	CORRECTED
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Were demonstrations of the following control techniques by officers observed:			
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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c. Were observations of practical handcuffing techniques made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED 11/4/2008	ACTION REQUIRED No	CORRECTED
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED 11/4/2008	ACTION REQUIRED No	CORRECTED
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OFFICER SAFETY**

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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED 11/4/2008	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED 11/4/2008	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED 11/4/2008	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OFFICER SAFETY**

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AREA Riverside	DIVISION Inland Division	NUMBER 840
EVALUATED BY T. Deyo		DATE 10/14/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION

☒ Formal Evaluation ☐ Informal Evaluation

SUSPENSE DATE

FOLLOW-UP REQUIRED

☒ Yes ☐ No

☐ Correction Report

BY _____

COMMANDER'S REVIEW

DATE

1. COMMAND INVOLVEMENT

EVALUATED

10/14/2008

ACTION REQUIRED

No

CORRECTED

- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?

☒ Yes ☐ No

- (1) Does the commander stress importance of proper enforcement tactics, including use of force?

☒ Yes ☐ No

- (2) Does the safety record of the command reflect an awareness of proper tactics?

☒ Yes ☐ No

- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety?

☒ Yes ☐ No

- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment?

☒ Yes ☐ No

- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?

☒ Yes ☐ No

- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills?

☒ Yes ☐ No

- (a) Do they attend officer safety training sessions?

☒ Yes ☐ No

- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION

EVALUATED

10/14/2008

ACTION REQUIRED

Yes

CORRECTED

- a. Do training records indicate formal training has been received and certified?

☐ Yes ☒ No

- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

- (a) Searching techniques.

☒ Yes ☐ No

- (b) Handcuffing.

☒ Yes ☐ No

- (c) Use of safety equipment.

☒ Yes ☐ No

- (d) Suspect control.

☒ Yes ☐ No

- (e) High risk and felony stops.

☒ Yes ☐ No

- (f) Hostage control.

☒ Yes ☐ No

- (g) Prisoner transportation.

☒ Yes ☐ No

- (h) Radio control head operation.

☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. SAFETY EQUIPMENT	EVALUATED 10/14/2008	ACTION REQUIRED No
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED 10/14/2008	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED 10/14/2008	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

6. ENFORCEMENT TACTICS

EVALUATED 10/14/2008	ACTION REQUIRED No	CORRECTED
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a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

7. PURSUITS

EVALUATED 10/14/2008	ACTION REQUIRED No	CORRECTED
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a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED 10/14/2008	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED 10/14/2008	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED 10/14/2008	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION

OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

AREA Barstow	DIVISION Inland Division	NUMBER <i>file</i>
EVALUATED BY T. Coronado		DATE 11/11/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW BY _____	DATE

1. COMMAND INVOLVEMENT

EVALUATED 11/10/2008	ACTION REQUIRED No	CORRECTED
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a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No

(1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No

(2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No

(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No

b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No

(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No

(2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No

(a) Do they attend officer safety training sessions? ☒ Yes ☐ No

(b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION

EVALUATED 11/10/2008	ACTION REQUIRED No	CORRECTED
-------------------------	-----------------------	-----------

a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques. ☒ Yes ☐ No

(b) Handcuffing. ☒ Yes ☐ No

(c) Use of safety equipment. ☒ Yes ☐ No

(d) Suspect control. ☒ Yes ☐ No

(e) High risk and felony stops. ☒ Yes ☐ No

(f) Hostage control. ☒ Yes ☐ No

(g) Prisoner transportation. ☒ Yes ☐ No

(h) Radio control head operation. ☒ Yes ☐ No

(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. SAFETY EQUIPMENT	EVALUATED 11/10/2008	ACTION REQUIRED No
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED 11/10/2008	ACTION REQUIRED No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED 11/10/2008	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED 11/10/2008	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED 11/10/2008	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED 11/10/2008	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED 11/10/2008	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED 11/10/2008	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA Needles	DIVISION Inland Division	NUMBER 834
EVALUATED BY T. Deyo		DATE 11/20/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE 12/09/08	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW DATE

1. COMMAND INVOLVEMENT

EVALUATED 11/20/2008	ACTION REQUIRED No	CORRECTED
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- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers? ☒ Yes ☐ No
- (1) Does the commander stress importance of proper enforcement tactics, including use of force? ☒ Yes ☐ No
- (2) Does the safety record of the command reflect an awareness of proper tactics? ☒ Yes ☐ No
- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety? ☒ Yes ☐ No
- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment? ☒ Yes ☐ No
- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants? ☒ Yes ☐ No
- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills? ☒ Yes ☐ No
- (a) Do they attend officer safety training sessions? ☒ Yes ☐ No
- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION

EVALUATED 11/20/2008	ACTION REQUIRED No	CORRECTED
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- a. Do training records indicate formal training has been received and certified? ☒ Yes ☐ No
- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:
- (a) Searching techniques. ☒ Yes ☐ No
- (b) Handcuffing. ☒ Yes ☐ No
- (c) Use of safety equipment. ☒ Yes ☐ No
- (d) Suspect control. ☒ Yes ☐ No
- (e) High risk and felony stops. ☒ Yes ☐ No
- (f) Hostage control. ☒ Yes ☐ No
- (g) Prisoner transportation. ☒ Yes ☐ No
- (h) Radio control head operation. ☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?		

(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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3. SAFETY EQUIPMENT

	EVALUATED 11/20/2008	ACTION REQUIRED No	CORRECTED
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED 11/20/2008	ACTION REQUIRED Yes
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED 11/20/2008	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED 11/20/2008	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED 11/20/2008	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED 11/20/2008	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED 11/20/2008	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED 11/20/2008	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OFFICER SAFETY**

CHP 453S (Rev. 6-06) OPI 009

AREA Mojave	DIVISION Inland Division	NUMBER 830
EVALUATED BY T. Deyo		DATE 10/16/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW DATE

1. COMMAND INVOLVEMENT

EVALUATED 10/16/2008	ACTION REQUIRED No	CORRECTED
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- a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?

☒ Yes ☐ No

- (1) Does the commander stress importance of proper enforcement tactics, including use of force?

☒ Yes ☐ No

- (2) Does the safety record of the command reflect an awareness of proper tactics?

☒ Yes ☐ No

- (3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety?

☒ Yes ☐ No

- b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment?

☒ Yes ☐ No

- (1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?

☒ Yes ☐ No

- (2) Do the captain and lieutenants maintain a minimum level of enforcement skills?

☒ Yes ☐ No

- (a) Do they attend officer safety training sessions?

☒ Yes ☐ No

- (b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION

EVALUATED 10/16/2008	ACTION REQUIRED No	CORRECTED
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- a. Do training records indicate formal training has been received and certified?

☒ Yes ☐ No

- (1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

- (a) Searching techniques.

☒ Yes ☐ No

- (b) Handcuffing.

☒ Yes ☐ No

- (c) Use of safety equipment.

☒ Yes ☐ No

- (d) Suspect control.

☒ Yes ☐ No

- (e) High risk and felony stops.

☒ Yes ☐ No

- (f) Hostage control.

☒ Yes ☐ No

- (g) Prisoner transportation.

☒ Yes ☐ No

- (h) Radio control head operation.

☒ Yes ☐ No

(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. SAFETY EQUIPMENT	EVALUATED 10/16/2008	ACTION REQUIRED No
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION

OFFICER SAFETY

CHP 453S (Rev. 6-06) OPI 009

(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED 10/16/2008	ACTION REQUIRED No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and, supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED 10/16/2008	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED 10/16/2008	ACTION REQUIRED No	CORRECTED
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED 10/16/2008	ACTION REQUIRED No	CORRECTED
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED 10/16/2008	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED 10/16/2008	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED 10/16/2008	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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AREA	DIVISION	NUMBER
Bishop	Inland Division	825
EVALUATED BY	DATE	
T. Deyo	10/09/2008	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW DATE

1. COMMAND INVOLVEMENT

EVALUATED 10/9/2008	ACTION REQUIRED No	CORRECTED
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a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?

☒ Yes ☐ No

(1) Does the commander stress importance of proper enforcement tactics, including use of force?

☒ Yes ☐ No

(2) Does the safety record of the command reflect an awareness of proper tactics?

☒ Yes ☐ No

(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety?

☒ Yes ☐ No

b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment?

☒ Yes ☐ No

(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?

☒ Yes ☐ No

(2) Do the captain and lieutenants maintain a minimum level of enforcement skills?

☒ Yes ☐ No

(a) Do they attend officer safety training sessions?

☒ Yes ☐ No

(b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION

EVALUATED 10/9/2008	ACTION REQUIRED No	CORRECTED
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a. Do training records indicate formal training has been received and certified?

☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques.

☒ Yes ☐ No

(b) Handcuffing.

☒ Yes ☐ No

(c) Use of safety equipment.

☒ Yes ☐ No

(d) Suspect control.

☒ Yes ☐ No

(e) High risk and felony stops.

☒ Yes ☐ No

(f) Hostage control.

☒ Yes ☐ No

(g) Prisoner transportation.

☒ Yes ☐ No

(h) Radio control head operation.

☒ Yes ☐ No

(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) What is the quality and quantity of the training being given?		
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. SAFETY EQUIPMENT	EVALUATED 10/9/2008	ACTION REQUIRED No
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED 10/9/2008	ACTION REQUIRED No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?		
(1) If RP handles ammunition, are proper accountability procedures in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. PHYSICAL METHODS OF ARREST	EVALUATED 10/9/2008	ACTION REQUIRED No
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were demonstrations of the following control techniques by officers observed:		
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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c. Were observations of practical handcuffing techniques made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED 10/9/2008	ACTION REQUIRED No
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED 10/9/2008	ACTION REQUIRED No
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED 10/9/2008	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED 10/9/2008	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED 10/9/2008	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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AREA Bridgeport	DIVISION Inland Division	NUMBER
EVALUATED BY T. Coronado		DATE 10/29/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	
1. COMMAND INVOLVEMENT		EVALUATED 10/8/2008	ACTION REQUIRED No CORRECTED

a. Does the command emphasize importance of proper enforcement tactics to achieve the lowest possible incidence of injuries incurred by officers?

☒ Yes ☐ No

(1) Does the commander stress importance of proper enforcement tactics, including use of force?

☒ Yes ☐ No

(2) Does the safety record of the command reflect an awareness of proper tactics?

☒ Yes ☐ No

(3) Do the officers' CHP 100 and CHP 118s, Performance Appraisals, contain comments on officer safety?

☒ Yes ☐ No

b. Are the commander and lieutenants knowledgeable of enforcement tactics, physical methods of arrest, proper use of force, and the correct use of safety equipment?

☒ Yes ☐ No

(1) Is this knowledge applied properly in critiques of incidents involving officers and sergeants?

☒ Yes ☐ No

(2) Do the captain and lieutenants maintain a minimum level of enforcement skills?

☒ Yes ☐ No

(a) Do they attend officer safety training sessions?

☒ Yes ☐ No

(b) If they are not involved in officer safety, what are the reasons?

2. TRAINING AND CERTIFICATION

EVALUATED 10/8/2008	ACTION REQUIRED No	CORRECTED
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a. Do training records indicate formal training has been received and certified?

☒ Yes ☐ No

(1) Do records reflect annual certification of traffic officers and sergeants for proficiency in enforcement tactics, physical methods of arrest, and the proper use of safety equipment (use of force)? Have certifications been recorded for:

(a) Searching techniques.

☒ Yes ☐ No

(b) Handcuffing.

☒ Yes ☐ No

(c) Use of safety equipment.

☒ Yes ☐ No

(d) Suspect control.

☒ Yes ☐ No

(e) High risk and felony stops.

☒ Yes ☐ No

(f) Hostage control.

☒ Yes ☐ No

(g) Prisoner transportation.

☒ Yes ☐ No

(h) Radio control head operation.

☒ Yes ☐ No

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(2) Is the command dedicating enough time toward training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do training records reflect certifications for officers and sergeants are current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Is there an established follow-up procedure to assure timely recertification of all officers and sergeants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Do Area supervisors review CHP 121s, CHP 121As, pursuit investigations, personnel complaints, and employ general observations to determine if proper enforcement tactics are being used in the Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are well-handled incidents recorded for future training purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are use of force situations closely reviewed to ascertain if all uniformed personnel understand when, and what level of force, is justified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Does an examination of CHP 100, CHP 118s, and citizen complaints indicate a through review is being made?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Do Area supervisors notify those officers who are not proficient and ensure refresher training is made available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is refresher training required prior to certification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are the number of training hours necessary to accomplish certification indicated on the CHP 270?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Is any pattern of training weakness apparent?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(b) Have necessary remedial steps been taken to assure thorough and continuous proficiency in all categories?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Does the command have an adequate number of instructors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is instructor proficiency maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Has an individual been given responsibility for the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Does that individual ensure the quality and level of proficiency is maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are there adequate and properly maintained facilities and equipment available for officer safety training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) What is the quality and quantity of the training being given?			
(5) Have the supervisor and his/her alternate received proper training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3. SAFETY EQUIPMENT	EVALUATED 10/8/2008	ACTION REQUIRED No	CORRECTED
a. Is Oleoresin Capsicum (OC) spray (pepper spray) carried by all uniformed personnel, captain and below, while on duty, in uniform?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is OC spray used when the need is indicated? Are notations made on booking sheets when OC spray is utilized to subdue a subject?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) When an officer is assaulted and an injury occurs, are the supervisors noting the use/nonuse of OC spray on the CHP 121?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are individuals who are exposed to OC spray decontaminated by flushing the affected area with clear water within 30 minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(a) Do Area patrol cars carry at least two 500 mil. bottles of saline solution?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are officers/sergeants familiar with the decontamination and first-aid procedure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are officers/sergeants familiar with the function of their duty holsters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers/sergeants draw and fire their weapon, re-holster and without looking at the holster, fasten the safety strap with one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers and sergeants draw and fire their weapons within one and a half seconds, using one hand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there personal confirmation by the testing officer that all weapons are unloaded prior to holster-related exercises?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are officers/sergeants proficient in reloading their weapons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do officers/sergeants routinely practice with their batons?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers/sergeants carry their batons on all enforcement stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Can officers/sergeants successfully demonstrate approved baton techniques?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all uniformed personnel wear body armor?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were required reports submitted to Supply Services Unit, per policy, for any incidents where body armor was struck by a bullet or other penetrating type instrument?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If so, did the involved officer receive a complete physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are holsters, ammunition, magazines, magazine pouches, handcuffs, handcuff case, and OC spray projectors inspected in conjunction with the annual performance appraisal?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do CHP 311 forms indicate compliance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were deficiencies corrected within 30 days of the inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. FIREARMS	EVALUATED 10/8/2008	ACTION REQUIRED No
a. Has the requirement for quarterly review of policy regulating discharge of firearms been compiled with?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers thoroughly understand the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do incidents involving firearms show proper understanding of the policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are shoots conducted as required by policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have steps been taken to correct training deficiencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are weapons training and maintenance records readily available? Current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do training records show qualification with all authorized weapons, day/night shoots, etc.?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the Area have a range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the officer completed Academy training for range officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the officer supervise all shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the officer well-organized in his/her training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a designated alternate to the range officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has that officer received Academy training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Are range facilities adequate for pistol, rifle, shotgun and night shoots?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If not, has alternate training been established and plans developed to obtain adequate facilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do plans follow instructions for range contract renegotiations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Have future range needs been considered?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is an effective and efficient inventory process for shotguns, rifles, and ammunition in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have shotguns been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all shotguns accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are shotguns fired annually to ensure operable condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have tactical rifles been inventoried as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are all tactical rifles accounted for?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is maintenance/cleaning done as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is there adequate storage when the weapons are not being carried by on-duty officers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Is there an effective method for assignment and control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there a procedure in place to periodically audit ammunition? Are the following steps in the audit process taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Beginning inventory determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Has the total amount of ammunition ordered by requisition as well as returned (unused) ammunition been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Has the total rounds issued per ammunition records been determined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Has a physical inventory of ammunition been taken?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Has the physical count been compared to the balance on hand according to the inventory record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Have rounds issued per training records been compared to rounds fired per shooting rosters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Has the mathematical accuracy of the inventory records been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) When ammunition orders are received from Supply Services Unit, is the merchandise inspected, quantities checked against the packing/shipping documents, exceptions noted, and receipt acknowledged immediately upon delivery?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is policy adhered to requiring firearms not to be drawn, loaded, or unloaded except in the clearing tube?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does location of the clearing tube(s) provide safety to personnel in or about the office in the event of an accidental discharge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are weapons training records maintained as required per policy? Has record reliability been determined by testing the accuracy of the following recorded information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do the dates recorded on the various records correspond to the actual date training was conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do training dates correspond to the activity information on the employee's CHP 415?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Do training dates closely correspond to the dates ammunition was issued for training (per inventory records)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Was ammunition issued for training (per inventory records) compared with the actual amount expended (per the shooting roster)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Once done, was the disposition of any unused ammunition verified for those training days tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Are records kept updated as training takes place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Is training recorded on the employee's CHP 270 and in ETRS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Is required information recorded in accordance with established guidelines and instructions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is a roster maintained for each shoot which includes all pertinent information (type of shoot, scores, date, etc.)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is there a procedure in place which ensures the person processing the ammunition requisition is not involved with the receiving and recording of ammunition inventory?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is a similar procedure in place which ensures the person recording weapons training information is not involved with handling and recording ammunition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is access to the ammunition storage and inventory records limited to the ammunition officer and supervisor or backup employee?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. If Area has a resident post (RP), what procedures are used to ensure weapons training of RP officers?			
(1) If RP handles ammunition, are proper accountability procedures in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are required inspections conducted in conjunction with the annual CHP 118?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is a second inspection of the primary firearm conducted every six months?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
5. PHYSICAL METHODS OF ARREST	EVALUATED 10/8/2008	ACTION REQUIRED No	CORRECTED
a. Do officers practice weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are officers familiar with the opponent's five weakest points?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have officers with previous assault injuries thoroughly familiarized themselves with weaponless defense?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Were demonstrations of the following control techniques by officers observed:			
(1) Control holds.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Punches.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Strikes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Blocks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Defensive kicks.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Defenses against grabs.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Defenses against weapons.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Ground defense and takedowns.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(9) Placing and removing suspects into and from vehicles.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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c. Were observations of practical handcuffing techniques made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can officers successfully apply handcuffs to a suspect who is standing, kneeling, prone, or uncooperative?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are all uniformed personnel knowledgeable of departmental policy on handcuffing?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all persons subjected to physical arrest searched for offensive weapons?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Has the local jail's experience with CHP arrests been reviewed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Has a practical demonstration of preliminary frisks and thorough searches been observed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all officers know guidelines pertaining to searches of the opposite sex as outlined in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. ENFORCEMENT TACTICS	EVALUATED 10/8/2008	ACTION REQUIRED No	CORRECTED
a. Do sergeants and officers have knowledge of proper procedures which should be followed during each of the five options of an enforcement stop?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do officers have a constant awareness of their personal safety during enforcement stops and when apprehending suspected or known criminals?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Were demonstrations of an enforcement stop observed which show the officers' ability to safely control the situation at all times regardless of the level of hazard presented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the violator stop effectively made?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Is the violator completely controlled?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Is the prisoner properly prepared for transportation?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is there evidence of pre-planning and coordination with allied agencies to prepare beat officers for hostage situations?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do officers understand their role is limited to containment of the incident until relieved by the authority having jurisdiction?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are officers aware of the need to maintain fire discipline at all times?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are officers knowledgeable of their responsibility to detain potential witnesses, control ingress and egress to the scene, evacuate the area if required, and render necessary medical aid?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Were various officers and supervisors questioned to determine their knowledge of the CHP role in hostage incidents?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. PURSUITS	EVALUATED 10/8/2008	ACTION REQUIRED No	CORRECTED
a. Are all uniformed personnel well-versed in policy regarding the conduct of pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Number of units?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) When to discontinue?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Were pursuit critiques checked to determine if the pursuits comply with enforcement guidelines listed in policy?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Where noncompliance is indicated, were corrective actions taken?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Area have written guidelines or plans to ensure proper coordination with allied agencies during pursuits?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA
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AREA MANAGEMENT EVALUATION
OFFICER SAFETY
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(1) Are any written agreements on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is Division involved in the planning process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does the Area have and use a pursuit training guide tailored to the specific needs of the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. FORCIBLE STOPS	EVALUATED 10/8/2008	ACTION REQUIRED No
a. Are Area personnel knowledgeable regarding the policy on forcible stops?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the Area follow departmental policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have forcible stop reports been reviewed for compliance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) If forcible stop policy has not been complied with, has corrective action been taken or training conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. ROADBLOCKS	EVALUATED 10/8/2008	ACTION REQUIRED No
a. Has the Area worked with allied agencies to develop plans for establishing roadblocks and deployment of the hollow spike strip?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are strategic points and personnel assignments outlined?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have the officers received instructions on the proper methods of establishing roadblocks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have interagency training sessions been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10. RADIO FAMILIARIZATION	EVALUATED 11/3/2008	ACTION REQUIRED No
a. Are officers familiar with all aspects of the radio control head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Can officers demonstrate how to change the radio from their home Area to another Area/Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Can officers efficiently operate all emergency equipment from the radio head?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No